

January 21, 2005

To the Members of the Oral Health Task Force,

In June 2004, Governor Jim Doyle created the Hmong Resettlement Task Force to study the demographics and needs of the incoming Hmong refugee population and to make recommendations for changes in policy, activities, and partnerships among parties involved.

The Health Subcommittee for the Hmong Resettlement Task Force has several recommendations for the governor's office that apply to oral health. We wanted to bring your attention to these recommendations and ask that you incorporate them into your final report to the governor. If addressed, these recommendations will improve the oral health of not only the Hmong but also all Medicaid recipients.

Thank you for your attention to our concerns. Good luck in fulfilling your mission.

Kaying Xiong
Hmong Resettlement Task Force Chair

Melissa Borth
Health Sub Committee Chair

Savitri Tsering
Health Sub Committee Member

Attachment 1 – Background and recommendations

Background

During 2004-2005, approximately 3,190 Hmong refugees from Thailand will reunite with their families in approximately 20 counties throughout the state. These are remnants of the thousands who fled in the aftermath of the Vietnam War in the mid-70's. These new Hmong refugees began arriving at the end of June 2004 and are expected to continue to arrive through April 2005. During the past three decades, Wisconsin has become home for approximately 67,000 refugees and former refugees from a number of countries, including 47,192 Hmong from Laos.

The Hmong Resettlement Task Force brought in experts from local communities and state agencies to help develop recommendations for effective resettlement. The recommendations put forth in the final report are a combination of ideas and experiences gathered through a wide representation of private and public service providers, as well as former Hmong refugees in the State of Wisconsin. The Task Force was divided into 6 sub committees:

- education,
- health and dental care,
- employment,
- housing and transportation
- family strengthening
- mental health.

Health and Dental Care Sub-Committee chair and members:

- Melissa Borth, Chair, ThedaCare At Home
- Susan Gundlach, Lutheran Social Services of Wisconsin
- Cheryl McIlquham, Department of Health and Family Services
- Jean Beinemann, Sheboygan County Health and Human Services
- Karen Fink, US Department of Health and Human Services
- Savitri Tsering, Wisconsin Division of Public Health Refugee Health Coordinator
- Melee Thao, Marathon County Health Department

Recommendations from the Health and Dental Care Sub Committee that relate to oral health:

- *Increase access to dental care for Medical Assistance clients and increase the number of dental providers accepting Medical Assistance clients.*

Increase access to dental care for Medical Assistance (MA) clients and increase the number of dental providers accepting Medical Assistance clients. Effective solutions such as financial incentives and loan forgiveness must be implemented to encourage dentists to accept MA. Not only Hmong refugees, but all MA recipients are effected by the lack of MA dental providers.

We appreciate the creation of the Governor's Task Force to Improve Access to Oral Health and urge that task force to consider Hmong refugees a priority. Attachment 5 contains a list of action steps the Oral Health task force should implement that would enhance the oral health of Hmong refugees and all Wisconsin residents that have limited access to oral health care.

Full implementation of the Governor's KidsFirst Initiative would greatly benefit the Hmong refugee population. In addition, the Governor could make a personal appeal to the dental providers in communities impacted by the surge in Hmong refugees to donate time to meet immediate needs (i.e. Wood, Marathon, Manitowoc, Sheboygan and La Crosse counties). An example of such an existing service exists in Eau Claire, where, dental care professions annually offer their time to provide sealant and other preventive measures to the children in some schools. Recommendation D2: Provide funding for Medical Assistance reimbursement for interpretive services for health and dental health care.

- *Provide funding for Medical Assistance reimbursement for interpretive services.*

The Department of Health and Family Services should develop a budget initiative to provide reimbursement for interpretation when patients are receiving a covered Medical Assistance benefit. Federal funding for at least half of the costs of such a program would be available. The many states that have initiated this service have substantially improved care to Limited English patients.

- *Link refugees, especially those who are uninsured, with programs and resources that promote health.*

Case managers in resettlement agencies, W-2 agencies and Mutual Assistance Associations should link refugees to supportive programs that can maximize health. This includes linkages to federally qualified health care centers, SSI when appropriate, nutrition services, and other health promotion/disease prevention services. In addition, provide funding to facilitate the coordination of existing and/or development of new culturally appropriate health education materials for providers and clients.

Attachment 2 Action steps that Enhance the Oral Health of Hmong Refugees

Action Steps that Enhance the Oral Health of Hmong Refugees and Other Wisconsin Residents

Action steps listed below are in accord with recommendations made by the Governor's KidsFirst Initiative, the State Health Plan and coalitions of public health organizations. These steps would enhance the oral health of Hmong refugees and all Wisconsin residents that have limited access to oral health care. These recommendations will maximize resources for all and address the Hmong Resettlement Task Force's concern for the ongoing health management and disease prevention for refugees beyond the initial refugee health screening.

1. Support the utilization of dental hygienists to the fullest extent of their licensed scope . Services include screening, triage, prevention services (fluoride treatments and dental sealants) and case management for follow-up treatment referral.
Rationale: Since dental treatment resources are limited, triage to prioritize urgent and early treatment needs. Prevention services such as dental sealants provide physical barriers, strengthen the resistance of the child, prevent future disease and they are cost effective.
2. Support policies that enable dental hygiene services to be incorporated into settings such as health departments and schools
Rationale: Since there is a limited pool of dentists participating in referral, enabling dental hygienists to screen and provide prevention services such as fluoride treatments, dental sealants and referral, in schools and local health departments on an ongoing basis without a dentist's oversight . Workforce is used more efficiently, since dentists are needed to provide more complicated dental diagnosis, relief of pain/infection and treatment of oral diseases.
3. Consistent with the Governor's KidsFirst Initiative, support direct reimbursement for dental hygienists under medical assistance.
Rationale: Since dental hygienists can practice as independent contractors, this enables health departments and schools that are not HealthCheck agencies to contract with a dental hygienist for these services.
4. Promote training health department and other health care providers to provide oral screening, triage and age appropriate fluoride treatments (fluoride varnishes for infants and toddlers) As of February 2004, fluoride varnish is an MA covered service for physicians, nurses and dental hygienists.
Rationale: Dental caries is a transmissible bacterial infection (mother to child). The average age of infectivity is around age 2, earlier than most dentists see children. Early childhood cavities are preventable with early intervention (screening, age appropriate topical fluorides and parent education). Primary health care providers see infants and toddlers for well baby examinations, an ideal time to provide these services. The training is provided by DFS and also includes evaluating maternal oral health to help promote healthy birth outcomes:
http://dhfs.wisconsin.gov/health/Oral_Health/oralhealthmanual.htm

5. Consistent with the Governor's KidsFirst Initiative supports the expansion of Wisconsin's Seal a Smile Program.

Rationale: This program targets children whose families have lower incomes or geographic barriers to oral health services. It is cost effective and averts future oral disease.

Support the Governor's KidsFirst Initiative to encourage Wisconsin Technical College System use of clinical sites for prevention and treatment services.

Rationale: Wisconsin Technical College Dental Hygiene clinics are equipped with dental operators and are not fully utilized. Families gain access to local resources, capitol expenditures are minimized, local resources are leveraged. (Models: City of Madison MATC Children's Dental Health Clinic, NEW and Northeast Wisconsin Technical College prevention and treatment clinic, Lakeshore Area Technical College Community Dental Health Clinic).